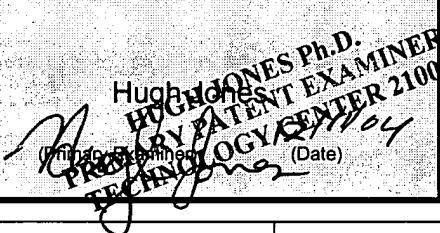


Issue Classification				Application No.	Applicant(s)	
				09/310,024	MATSUSHIRO, NOBUHITO	
				Examiner	Art Unit	
				Hugh Jones	2128	

ORIGINAL				CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
703	2	703	6				
INTERNATIONAL CLASSIFICATION		382	249				
G 0 6 F	17/10						
G 0 6 K	9/36						
G 0 6 G	7/48						
	/						
	/						
(Assistant Examiner) <i>[Signature]</i> (Date) <i>12/13/04</i>						Total Claims Allowed: 7	
(Legal Instruments Examiner) <i>[Signature]</i> (Date) <i>12/13/04</i>						O.G. Print Claim(s) 15	O.G. Print Fig. 5

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31	61	91	121	151	181
2		32	62	92	122	152	182
3		33	63	93	123	153	183
4		34	64	94	124	154	184
5		35	65	95	125	155	185
6		36	66	96	126	156	186
7		37	67	97	127	157	187
8		38	68	98	128	158	188
9		39	69	99	129	159	189
10		40	70	100	130	160	190
11		41	71	101	131	161	191
12		42	72	102	132	162	192
13		43	73	103	133	163	193
14		44	74	104	134	164	194
1	15	45	75	105	135	165	195
2	16	46	76	106	136	166	196
3	17	47	77	107	137	167	197
4	18	48	78	108	138	168	198
5	19	49	79	109	139	169	199
6	20	50	80	110	140	170	200
7	21	51	81	111	141	171	201
22		52	82	112	142	172	202
23		53	83	113	143	173	203
24		54	84	114	144	174	204
25		55	85	115	145	175	205
26		56	86	116	146	176	206
27		57	87	117	147	177	207
28		58	88	118	148	178	208
29		59	89	119	149	179	209
30		60	90	120	150	180	210

SERIAL NUMBER 09/310,024	FILING DATE 05/11/99	CLASS 395 703	GROUP ART UNIT 2263 2123	ATTORNEY DOCKET NO. 09976-5 (OB00)
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APPLICANT
NOBUHITO MATSUSHIRO, TOKYO, JAPAN.

CONTINUING DOMESTIC DATA***

VERIFIED

Wf none

371 (NAT'L STAGE) DATA***

VERIFIED

Wf none

FOREIGN APPLICATIONS***

VERIFIED

JAPAN

10-145036

05/11/98

fine Wf

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 8	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
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Verified and Acknowledged <i>Wf</i>	Examiner's Initials _____ Initials _____	SEE CUSTOMER NUMBER: 000570
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METHOD AND DEVICE OF IMAGE TRANSFORM	
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FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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